Zipnosis, Inc.
323 Washington Ave N
Suite 300
Minneapolis, MN 55401
612.512.1650
zipnosis.com

Federal Communications Commission
445 12th Street, SW
Washington, D.C. 20554

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Dear Chairman Pai and Commissioners Carr, O'Rielly and Rosenworcel:

Thanks so much for the opportunity to comment on the proposed Connected Care Pilot Program. Zipnosis is excited to see the effort the Federal Communications Commission (FCC) is making to support the use of telehealth and telemedicine programs to improve access for rural and other underserved populations. The impact of the Connected Care Pilot Program has the potential to improve access to effective healthcare technologies. We do, however, have some comments and suggestions regarding the FCC's proposal.

The rural focus of the program is important. By FCC's own count more than 24 million Americans lack fixed terrestrial broadband at speeds of 25Mbps/3Mbps. This issue is pervasive and rural areas, in particular, are greatly affected. It is important, however, to recognize that healthcare access is more complex than just broadband access. We know that there are urban healthcare care deserts and Zipnosis believes that the Connected Care Pilot could be tailored to address access issues in these areas as well. The notion that living in an urban environment automatically affords you greater access to healthcare is simply not true. Many in urban healthcare deserts have transportation or other mobility issues that make getting to a clinic difficult. This and other issues like time spent traveling and missing work to seek treatment limit the access of underserved populations in these urban healthcare deserts. The Connected Care Pilot Program has the opportunity to address this issue in addition to the issue of rural healthcare shortage.

Zipnosis understands and is in favor of efforts to expand broadband access. We do, however, feel the focus on terrestrial broadband is, at present, too narrow. The notion that the expansion of access to healthcare technology is directly and irrevocably tied to the cables running underground is untenable. Investments in satellite-based broadband and other emerging technologies must be included and encouraged if access is to be rapidly improved.

Even in rural areas, the cellphone, and the smart phone in particular, has become ubiquitous. More and more, telemedicine companies are building cloud-based healthcare tools accessible via smartphone or tablet that function via cell coverage over WIFI. Even more, these types of technologies are not bound by the expensive, complex hardware seen in the early history of telemedicine, nor do they require broadband access. Often, these product offerings are a lower cost, more convenient and effective means of accessing and delivering care. For example, Zipnosis offers tools such as these and recently partnered with the American Academy of Family

Physicians to offer a telemedicine technology solution for small family practices on the front lines of healthcare shortage areas. Understanding this, Zipnosis believes that the Connected Care Pilot program should be adjusted to further extend wireless coverage. Technologies that offer services accessible via a cellular network must meet standards regarding security and encryption and HIPAA-compliance. Technology delivered health care should not be a diluted version of care, but should instead meet the standard of care.

To further diversify modes of access, we should look to technologies that require low-bandwidth. Technologies, like store and forward, have long been written off as archaic or limited in capability or applicability to healthcare. While store and forward was limited to fields such as dermatology and pathology in the 20th century, the 21st century has seen an extensive evolution in its effectiveness and applicability across fields of medicine. As an example, Zipnosis' core technology is an online adaptive interview. This store and forward based technology facilitates the care of low-acuity conditions, generally reserved for the urgent care center. Through the use of algorithms and branching logic, our clinical interview gathers the appropriate history and symptom detail and forwards this information to a doctor for a near real-time diagnosis. Our technology is a low-bandwidth solution that can be accessed through a smartphone or a tablet—no broadband necessary.

Finally, we believe that the Connect Care Pilot Program should ensure that healthcare access must be net neutral. Life and death decisions are increasingly dependent on the ability to use technology to rapidly respond to healthcare emergencies. Recent reports alleging the slowdown, or throttling, of internet connectivity during the emergency response to the Mendicino Complex fire were disturbing. It is paramount that net neutrality be made explicit in the Connected Care Pilot. Zipnosis strongly believes that access, especially electronic access to health care, should not be completely dependent on the varying speed of your connection.

Efforts to improve rural access to healthcare via increased broadband access are necessary and well-intentioned—especially when it comes to improving access to some types of hospital and specialty care. However, cable-based broadband is not particularly well-suited to rapidly solving the increasingly prevalent problem of access to basic primary and urgent medical care. By widening the scope of the Connected Care Pilot Program, technology currently available and easily scalable can be more rapidly deployed to improve health care access to both rural and urban underserved populations.

Sincerely,

Rebecca Hafner-Fogarty, MD, MBA, FAAFP
VP of Policy and Strategy